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**** CONTINUING DATA *******
 gnd

**** FOREIGN APPLICATIONS *******
 gnd

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>g. Greimel</u> Examiner's Signature <u>gnd</u> Initials	STATE OR COUNTRY NC	SHEETS DRAWING 48	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
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ADDRESS
27997

TITLE
Systems and methods for automatic submission, audit and adjustment of mortgage insurance claims

FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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